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OCT 05 2006

**Supplemental Application Data Sheet****Application Information**

Application number:: 10/031,722  
Filing Date:: 03/06/06  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: 1644  
CD-ROM or CD-R?: None  
Sequence submission?: None  
Computer Readable Form (CRF)?:: No  
Title:: HUMAN MONOCLONAL ANTIBODIES TO  
HER2/NEU  
Attorney Docket Number:: MXI-160US  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Small Entity?: No  
Petition included?: No  
Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Tibor  
Family Name:: KELER  
City of Residence:: Ottsville  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 30 Park Road  
City of mailing address:: Ottsville  
State or Province of mailing address:: PA

Postal or Zip Code of mailing address:: 18942

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Yashwant  
Middle Name:: M.  
Family Name:: DEO  
City of Residence:: East Brunswick  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 35 Cortland Drive  
City of mailing address:: East Brunswick  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08818

~~Applicant Authority Type:: Inventor~~  
~~Primary Citizenship Country:: Netherlands~~  
~~Status:: Full Capacity~~  
~~Given Name:: Jan~~  
~~Middle Name:: G. J.~~  
~~Family Name:: VAN DE WINKEL~~  
~~City of Residence:: Zeist~~  
~~Country of Residence:: Netherlands~~  
~~Street of mailing address:: Verlengde Slotlaan 80~~  
~~City of mailing address:: Zeist~~  
~~Country of mailing address:: Netherlands~~  
~~Postal or Zip Code of mailing address:: 3707 GK~~

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Laura

Middle Name:: A.  
Family Name:: VITALE  
City of Residence:: Doylestown  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 4194 Milords Lane  
City of mailing address:: Doylestown  
State or Province of mailing address:: PA  
Postal or Zip Code of mailing address:: 18901

**Correspondence Information**

Correspondence Customer Number:: 00959

**Representative Information**

Representative Customer Number:: 59819

**Domestic Priority Information****Foreign Priority Information****Assignee Information**

Assignee name:: MEDAREX, INC.  
Street of mailing address:: 707 State Road  
City of mailing address:: Princeton  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08540